

A conversation with Dr. Melanie Renshaw, November 2, 2016

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Dr. Melanie Renshaw.

Summary

GiveWell spoke with Dr. Renshaw of ALMA and RBM to learn more about gaps in funding for long-lasting insecticide-treated nets (LLINs). Conversation topics included the estimated funding gap for LLINs in 2018-2020, factors contributing to the gap, and the role of the Against Malaria Foundation (AMF) in supporting LLIN programs.

Estimated LLIN gap for 2018-2020

The overall resources spent on malaria programs are likely to remain largely the same in 2018-2020 as in the past few years. The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and The U.S. President's Malaria Initiative (PMI) are expected to make contributions at roughly the same scale as during the previous Global Fund funding cycle. However, even if AMF and other funders also continue to provide the same level of support for LLINs as they did in the past few years, there is still likely to be a significant gap in LLIN funding in 2018-2020. Dr. Renshaw estimates that this could translate to a global gap of approximately 100 million LLINs over the three-year period, including a 25 million LLIN gap in Nigeria alone.

The LLIN gap is likely to impact large, high-burden countries – e.g., countries with high numbers of children at risk of contracting malaria – and would probably be concentrated in approximately 10 of these countries.

Factors that may contribute to the LLIN funding gap

Changes to funding from the Global Fund

The Global Fund is the main factor in the size and scope of LLIN funding gaps. Country allocations have not yet been finalized for the upcoming funding cycle. They will be announced on December 15. However, there may be several key changes to how funding is allocated:

- **Smaller allocation for countries** – The total amount of funding for all countries during the upcoming Global Fund cycle is less than during the previous cycle. This alone would not necessarily be a significant enough

- reduction to impact LLIN funding. However, an additional \$300 million in catalytic funding – which was previously used to fill funding gaps for LLINs – will not go toward LLIN programs in the upcoming funding cycle. These two factors combined are likely to decrease per-country LLIN funding.
- **Allocations more evenly divided among countries** – by reducing funding for large, high-burden countries. In the previous funding cycle, some large, high-burden countries were “over-allocated” – i.e., received substantially more funding than others. In the upcoming funding cycle, the Global Fund will work to distribute funds to countries more evenly, allocating less to some “over-allocated” countries and more to “under-allocated” countries. Most African countries have a high malaria burden, and “under-allocated” countries are not low burden countries like Swaziland, South Africa, etc. Rather, they are countries that did not receive sufficient funding to implement a wide variety of malaria control programs, e.g., expanding case management to community case management, rolling out seasonal malaria chemoprevention programs, or enhancing intermittent preventative treatment in pregnancy. They were generally only able to fund LLIN universal coverage campaigns and public sector case management in the past. Given additional funding, they would likely invest in enhancing case management and perhaps routine LLIN distribution.
 - **Less shock buffer** – In the past, in the Global Fund rounds system, countries proposed the amount of funding needed. The Global Fund reviewed their proposals and either provided the funding requested or did not. With the move to the New Funding Model, the amount allocated to a country was required to be at least 75% of its previous allocation, to prevent shock to the programs. In the upcoming cycle, the Global Fund may reduce this shock buffer to 50%. This, combined with “over-allocated” countries possibly receiving less, could mean that countries will receive substantially less than needed to sustain coverage. It would be difficult for them to fully support their LLIN programs as a result.

Greater LLIN needs in countries

The following factors are likely to contribute to increased LLIN need for mass distributions:

- **Increase in population** – in African countries over the next three years. This will play a major role in increased LLIN need.
- **Increased routine systems distribution** – i.e., LLIN distribution through antenatal care and childhood vaccination clinics. More of the LLIN supply in countries being allocated to these systems, combined with a population increase, may mean gaps in the LLIN supply during universal coverage campaigns. Routine distribution provides LLINs for newborns and replaces LLINs lost due to wear and tear. It is an important factor in continuously bringing LLINs into countries, but it does not provide LLINs for the entire population.

- **Buffer in calculating LLIN need** – Countries that have not taken a census in five or more years are now building a 10% buffer into their calculations for LLIN needs during distribution campaigns. This could mean a 10% increase in LLIN need in some countries.

Replacements for LLINs previously distributed

- **PMI** – is expected to fund replacements for LLINs that were previously funded.
- **DfID** – It is uncertain whether DfID will be able to fund as many LLINs as it has in previous years.
- **The Global Fund** – will likely provide funding for replacement LLINs in most countries, with the possible exception of the countries that were “over-allocated” in the last funding cycle.

AMF

2015-2017 LLIN funding from AMF

AMF has funded (or plans to fund) LLINs in Uganda, Malawi, Ghana, Togo, Papua New Guinea, and Democratic Republic of the Congo between 2015 and 2017. If AMF does not replace these LLINs during the 2018-2020 funding cycle, the LLIN gap for 2018-2020 will be greater than 100 million.

Role of AMF in achieving LLIN coverage

Together, The Global Fund, PMI, and AMF have made progress towards providing sufficient numbers of LLINs for universal coverage. AMF provides incremental LLIN support compared to the other two funders, but its work is equally critical for saving lives.

Countries are generally advised to prioritize distributing LLINs to: 1) pregnant women, children, and infants, 2) high burden areas, and 3) lower burden areas. While countries recognize that #3 is important to cover, funding for LLINs tends to run out after #1 and #2 are covered. AMF’s support, in effect, helps fill this gap. (Note: AMF has told us that it disagrees that its distributions cover lower-burden areas.)

Risk of leaving lower burden areas uncovered

Due to decreased exposure and immunity to malaria in lower burden areas, the populations in these areas are more susceptible to malaria. This presents a risk of large outbreaks, especially in areas where malaria infection patterns are unstable.

Likely impact of AMF not providing LLIN funding

Some likely impacts of AMF providing less funding for LLINs:

- Fewer LLINs might be available for continuous distribution programs.
- Mass distributions may be delayed while countries sought additional sources of funding.

- A greater proportion of funding from the Global Fund and PMI might be used for mass distribution of LLINs.

AMF's work in Papua New Guinea

Papua New Guinea, where AMF plans to fund LLINs in 2017 and 2018, has:

- **High malaria burden** – Papua New Guinea has the highest malaria burden of any country outside of Africa. Its rate of malaria is on par with that of some African countries.
- **Need for universal coverage** – In the past, the country aimed for 60% of the population to be covered by LLINs. This is insufficient for vector control. With the help of AMF, it can achieve universal coverage.

Possible AMF program models in the future

Of the two possible models that AMF is considering pursuing in the future – 1) funding an entire country's LLIN need, minus distribution costs, or 2) filling gaps in funding after other major funders have committed resources to LLIN programs – Dr. Renshaw supports the gap-filling model.

Potential negative consequences of pursuing the full-country funding model

Receiving substantial LLIN funding from AMF could cause a country to shift LLIN funds it receives from other donors into non-LLIN malaria control programs – e.g., building artemisinin-based combination therapy distribution systems or improving program monitoring. This could mean increased reliance on AMF for LLIN replacement, which would put the country at risk if AMF could not fund replacements and other funding channels had been reprogrammed.

Impact on Global Fund allocations

Neither of these changes to AMF's working model is likely to impact the Global Fund per-country allocations for the upcoming funding cycle this late in the process.

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